



RULE 1.116 AMENDMENT
EXPEDITED PROCEDURE
GROUP ART UNIT 1641

Dkt. 62694-A/JPW/AJM/CY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Hilton A. Salhanick and Joachim Hourihan
Serial No. : 09/915,931 Examiner: D. Davis
Filed : July 26, 2001 Group Art Unit: 1641
For : METHODS FOR DIAGNOSING THYROID CONDITIONS
AND FOR MONITORING THYROXINE THERAPY

1185 Avenue of the Americas
New York, New York 10036
May 10, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Mail Stop AF

Sir:

AMENDMENT IN RESPONSE TO FEBRUARY 9, 2004
FINAL OFFICE ACTION

This Amendment is submitted in response to the February 9, 2004 Final Office Action issued by the United States Patent and Trademark Office in connection with the above-identified application. A response to the February 9, 2004 Final Office Action is due May 9, 2004. Since May 9, 2004 falls on a Sunday, a response filed Monday, May 10, 2004, is to be considered timely. Accordingly, this Amendment is being timely filed.

AF/1641

Dkt. 0413/62694-A/JPW/AJM/CY

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 THYROXINE THERAPY

COMMISSIONER FOR PATENTS
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 Alexandria, VA 22313-1450



May 10, 2004

S I R:

Transmitted herewith is an amendment to the above identified application.

☒ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

☒ No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
Total Claims	26	-	83	=	0	X	\$9	\$18	=	\$0	\$0
Indepen- -dent Claims	2	-	4	=	0	X	\$42	\$84	=	\$0	\$0
Multiple Dependent Claim(s) Presented <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For First Time							\$140	\$280	=	\$0	\$0
							TOTAL ADDITIONAL FEE				
							\$0				

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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Amendment Transmittal Letter
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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed

____ Please charge Deposit Account No. 03-3125 in the amount of \$____. Three copies of this sheet is enclosed.

____ A check in the amount of \$____ is enclosed, for a one-month extension of time.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposition Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

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I hereby certify that this correspondence is being deposited this date with the U.S. postal Service with sufficient postage as first class mail in an envelope addressed to:
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Alexandria, VA 22313-1450

Alan J. Morrison
Reg. No. 37,399

5/10/04
Date